- 6 Olsen N. Diagnostic tests in Raynaud's phenomena in workers exposed to vibration: a comparative study. Br J Ind Med 1988;45:426–30. **Peterson R**, Andersen M, Mikkelsen S, et al. Prognosis of vibration induced
- white finger: a follow up study. Occup Environ Med 1995;52:110–15.

  8 Futatsuka M, Ueno T, Sakurai T. Cohort study of vibration-induced white
- finger among Japanese forest workers over 30 years. Int Arch Environ Health
- 9 Gemne G, Pyykko I, Taylor W, et al. The Stockholm workshop scale for the classification of cold-induced Raynaud's phenomenon in the hand-arm vibration syndrome (revision of the Taylor-Pelmear Scale). Scand J Work Environ Health 1987;**13**:275–58.
- 10 Nielsen SL, Lassen NA. Measurement of digital blood pressure after local
- cooling. *J Appl Physiol* 1977;**43**:907–10.

  11 **Lindsell CJ**, Griffin MJ. Interpretation of the finger skin temperature response to cold provocation. Int Arch Environ Health 2001;74:325-35.
- 12 Virokanas H, Rintamaki H. Finger blood pressure and rewarming rate for screening and diagnosis of Raynaud's phenomenon in workers exposed to vibration. Br J Ind Med 1991;48:480-4.
- Arneklo-Nobin B, Johansen K, Sjoberg T. The objective diagnosis of vibra-
- tion-induced vascular injury. Scand J Work Environ Health 1987;13:337–42.

  14 Gemne G, Pyykko I, Starck J, et al. Circulatory reaction to heat and cold in vibration-induced white finger with and without sympathetic blockade—an experimental study. Scand J Work Environ Health 1986;12:371–7.
- 15 Mirbod SM, Yoshida H, Jamali M, et al. Finger skin temperature and laser-Doppler finger blood flow in subjects exposed to hand-arm vibration. *Ind Health* 1998;**36**:171–8.

- 16 Allen JA, Doherty CC, McGrann S. Objective testing for vasospasm in the hand-arm vibration syndrome. Br J Ind Med 1992;49:688-93
- Allen JA, McGrann S, McKenna KM. Use of questionnaire screening for vibration white finger in a high-risk industrial population. Int Arch Occup Environ Health 2002;75:37-42.
- 18 Harada N. Cold-stress tests involving finger skin temperature measurement for evaluation of vascular disorders in hand-arm vibration syndrome: review of the literature. Int Arch Environ Health 2001:75:14-19
- 19 Lawson IJ, McGeoch KL, Burke F, et al. cold provocation testing in a large volume of medico-legal compensation claims for HAVS. 9th International Conference on Hand-Arm Vibration. 5–8 June 2001, Nancy, France.
- 20 Spurr GB, Hutt PT, Horvath SM. The effects of age on finger temperature responses to local cooling. Am Heart J 1955;50:551-5.
- Olsen N. Hyperreactivity of the central sympothetic nervous system in vibration-induced white finger. *Kurume Jed J* 1990;37:S109–16.
   Lindblad KL, EkenvallL. Alpha2-adrenoreceptor inhibition in patients with
- vibration white finger. Kuruma Med J 1990;37:S95-9.
- 23 Vanhoutte PP, Cooke JP, Lindblad LE, et al. Modulation of postjunctional alpha-adrenergic responsiveness by local changes in temperature. Clin Sci 1985;68:121-35.
- 24 Gemne G. Pathophysiology and pathogenesis of disorders in workers using hand-held vibrating tools. In: Pelmear, Taylor, Wasserman, eds. Hand-arm vibration. New York: Van Nostrand Reinhold, 1992:41–76.
- 25 Coughlin PA, Chetter IC, Kent PJ, et al. The analysis of sensitivity, specificity, positive predictive value and negative predictive value of cold provocation hermography in the objective diagnosis of the hand-arm vibration syndrome. Occup Med 2001;51:75-80.

## ECHO

## Secondhand smoke exposure remains a risk in Massachusetts restaurants despite widespread adoption of smoking regulations

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survey of restaurant smoking regulations in the 351 towns and cities in Massachusetts found that 82% of adults and 82% of youths are not guaranteed protection from secondhand smoke in restaurants in their town of residence. The same proportion of restaurant workers and 87% of bar workers are similarly not protected.

The survey looked at the smoking regulations from each town relating to customers and employees and classified them into eight categories according to whether there were no restrictions in place, limited restrictions (such as smoking only in separate ventilated areas or bar areas) or a complete ban on smoking. The proportion of the population in each town covered by the regulations was estimated from census data. The number of bar and restaurant staff was estimated to be proportional to the town population.

Although 225 towns had adopted some type of smoking regulation only 60 (covering 17.7% of the population) completely banned smoking in restaurants. The remainder restricted smoking in some way-174 of these to bar areas or separately ventilated areas, although 35 of these still allowed for variation to the regulations.

This study shows that classifying some restaurants and bars as "smoke free" may be misleading, and argues that there may be customers, and especially restaurant and bar staff, who are still exposed to cigarette smoke. It also calls for public health workers to tighten up their implementation of smoking regulations.

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